

# **EXHIBIT E**

**DIFZ Motion to Dismiss**

SENDER: COMPLETE THIS SECTION							
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>							
1. Article Addressed to: <b>Dyncorp International LLC</b> <b>Mr. John P. McMullen</b> <b>Dir. for Homeland Security</b> <b>DynCorp International LLC</b> <b>3190 FairView Park Drive Suite 700</b> <b>Falls Church, VA 22042</b>							
2. Article Number <i>(Transfer from service label)</i>							
3. Service Type <table border="0"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>		<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
4. Restricted Delivery? (Extra Fee) <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> </tr> </table>		<input type="checkbox"/> Yes					
<input type="checkbox"/> Yes							
A. Signature <b>X</b>							
B. Received by (Printed Name) <b>2006 C U 124</b>							
C. Date of Delivery <b>31 Dec. 2004</b>							
D. Is delivery address different from item 1? If YES, enter delivery address below: <b>20</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No							